

NOTARY CLASS REGISTRATION FORM

Person to Attend Notary Training Class

First Name:	Last Name:			
Home Mailing Address:				
Street or P.O. Box	City		State	Zip Code
Daytime Phone:		(please include area code)		
E-mail Address:				
Notary	Training Class Re	quested		
Date:	Time:			
Class Location:				
Verify class availabilit	y before submitting	g this regist	ratio	n form.
TH	ERE IS A \$45.00	FEE		
Payment for class r	nust accompany th	is registrat	ion fo	orm.
Method of payment attache	d: Check	Credit Card Ch	ecklist l	Form
• •	received without approp			
	ATTENTION:			
* If you do not attend your reserved	class, your payment is forfeit	ed.		
* Confirmation letters or a photo time of class. Refunds will be issu	•	door or you will b	e asked	I to pay at the
* If you have not received your con the scheduled class by emailing the			า <i>36 ho</i> น	ırs before

* Once you are registered for a class there is a \$10.00 fee to switch to another class. Transfers to another class *must* be completed no later than 7 working days before the registered class.

class. No refunds can be issued if the request is received after the 7 working day deadline.

* Any and all changes *must* be submitted more than 7 working days before the date of the registered

Remit to: Secretary of State, Notary Training

101 N. Carson Street, Suite 3 Carson City, NV 89701-3714 Phone: (775) 684-5708 Fax: (775) 684-7141